CANADIAN MEDICAL NEWS

Honorary degrees for Best, David, Romualdez at W.M.A. Convocation

Dr. Charles H. Best of Toronto is one of three world-famous doctors on whom University of Ottawa is to confer honorary degrees September 16. A special Convocation in the National Arts Centre is to be a highlight of the World Medical Association Assembly taking place in Ottawa September 12 to 18.

Dr. Paul David of Montreal and Dr. Alberto Z. Romualdez are the other doctors being honored. Dr. Best, co-discoverer of Insulin with the late Sir Frederick Banting, and Dr. David, Director of Montreal's Institute of Cardiology, are Canadian. Dr. Romualdez, Secretary-General of the World Medical Association, is from the Philippines.

The Convocation is to take place in the N.A.C. theatre and will be followed by a vin d'honneur, offered by the Medical Section of the Pharmaceutical Manufacturers Association of Canada.

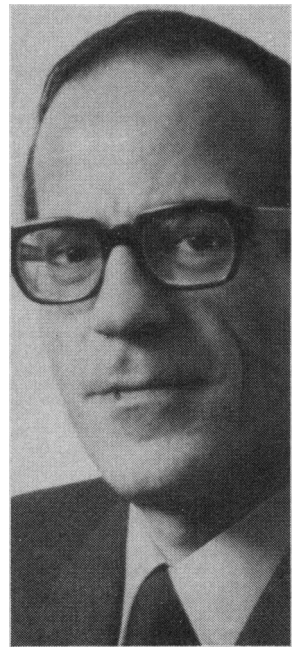
Dr. Best, whose early medical studies were interrupted by service with the Canadian Armed Forces during the First World War received all his post-secondary education at University of Toronto where he now is Director of the Banting and Best Department of Medical Research and Professor and Head of Physiology.

Dr. David, a heart surgeon, founded the Institute of Cardiology in 1954. He is an Associate Professor of Surgery at University of Montreal.

Dr. Romualdez was born in the Philippines and throughout his career has been a teacher and administrator. Before being named Secretary-General of the World Medical Association in 1965, he established himself as an authority on medical administration while directing the medical affairs of several large organizations and corporations.

Dr. Charles H. Best

Dr. Alberto Z. Romualdez



Dr. Paul David

200 attend Congress of Neurological Sciences

Two hundred persons were present in St. John's, Newfoundland, June 16-19, to attend the Sixth Canadian Congress of Neurological Sciences held for the first time in the Province. The Congress was opened by Dr. A. M. House of St. John's, 1970-71 President, whose address concerned continuing medical education. Dr. House is an Associate Professor of Medicine (Neurological) and Director of Continuing Medical Education at Memorial University's newly established medical school. He told the opening session of the Congress that when he relinquished his work as a general practitioner in a remote part of his Province, he had acquired two firm convictions with respect to continuing medical education: the need for continued contact between practicing physicians and teaching centres, and the great need for group practice.

Meeting in St. John's at the same

time was the Canadian Association of Neurological and Neurosurgical Nurses. Some 40 delegates registered in this group with many of them attending science sessions and social functions scheduled by the Congress.

The Congress scientific program was organized by Dr. George Monckton, Dr. A. F. Wilson and Dr. Bryce Weir and special guest for the four-day event was Dr. Ronald A. Henson, Physician-in-Charge, Neurology Department, The London Hospital, and Senior Physician, National Hospitals for Nervous Diseases. Dr. Henson's address to the opening session of the Congress was a review of the research done at the London Hospital on the non-metastatic neurological manifestations of malignant disease.

Preceding the actual meeting of Congress there was a one-day teaching session on electroencephalography for which there were 20 registrants.

During the Congress a symposium was held on the economics and logistics of neurological and neurosurgical care in Canada. This was presided over by Dr. R. A Armstrong, Acting Director General, Health Insurance and Resources for the Federal Government; Dr. R. A. Dolan and Dr. J. L. Silversides. Canada's needs for the future for neurology and neurosurgery were considered and it was shown that some areas have almost enough neurology specialists while other areas have too many according to population figures. There was a review of the number of neuro-scientists in Canada and a projection was made of the number required for the next ten years. Dr. Silversides (Toronto) presented a report on his six-month study of the neurology situation in this country and Dr. Dolan presented the manpower study of neurosurgery.

Sessions were held on the topic of neuromuscular disease and there were sessions on matters of general interest.

Among the papers presented at the Congress were those dealing with cerebrovascular spasm, prepared by Dr. R. A. R. Fraser and Dr. B. M. Stein; intra-cranial aneurysms, prepared by Dr. J. M. Allcock and Dr. C. G. Drake; two on Parkinson's syndrome—the effect of L-Dopa and Amantadine-HCl (symmetrel); there were papers on epilepsy and one essay was delivered on the bobble-head doll syndrome. The latter deal with a verified case with unusual problems of electrolyte balance, post-operatively. There were a variety of papers on research projects carried out on neuromuscular disease, including mitochondrial myopathy and muscular dystrophy. A paper prepared by A. J. Aguayo, J. B. Martin and G. M. Bray of Montreal dealt with the effects of the nerve growth factor suppression on peripheral unmyelinated nerve fibres.

One of the highlights of the Congress was the presentation by Dr. Jean-Pierre Bouchard, Toronto, of his prize essay. This paper concerned the histographic analysis of adult human skeletal muscle in neuromuscular disorders. Dr. Bouchard is with the Department of Pathology, Division of Neuropathology, University of Toronto.

During their four-day visit to St. John's, the delegates and their wives (there were 158 registrants out of the total 200 who attended) enjoyed such typical Newfoundland diversions as a lobster-boil and a cruise on scenic Conception Bay.

—PAUL SPARKES.

At the Sixth Canadian Congress of Neurological Sciences, held June 16-19 in St. John's, Newfoundland, Dr. Jean-Pierre Bouchard (left) presented his prize essay. Shown with him are (centre) Dr. A. M. House, Immediate Past President of the Canadian Neurological Society and President of the Sixth Congress, and (right) Dr. Maurice H. Heon, Centre Hospitalier Universitaire, Sherbrooke University, Quebec. Dr. Heon is Immediate Past President of the Canadian Neurosurgical Society. Dr. Bouchard's essay was entitled "Histographic analysis of adult human skeletal muscle in neuromuscular disorders".

Alberta coming closer to mental health plan

Alberta is moving closer to formulating a comprehensive mental health plan for the Province. Since mid-July, psychiatrist Dr. Charles P. Hellon, Mental Health Advisor to the Department of Health and Social Development, has been actively working on the program.

Internal working documents have been prepared and Dr. Hellon has held numerous discussions with leaders in the mental health field. Some of the discussions have included detailed program proposals by a number of the Province's mental health interest groups.

Steps have been taken and designed within the initial working documents to complement the recent re-organization of the Department of Health and Social Development. In discussions on planned forthcoming pilot project areas for the Province regard-

ing a health and social development delivery system, community leaders and concerned citizens will be asked to provide ideas and opinions concerning their local mental health problems and services required.

Clinical Hypnosis Society holds workshop

The Ontario Society of Clinical Hypnosis will celebrate its "first birthday" with a workshop in clinical hypnosis and psychotherapy at McMaster University, Hamilton, September 11-12. Medical undergraduates are invited to attend free of charge.

One of the main aims of the Society, formed September 1970, is to promote and teach the ethical use of clinical hypnosis as a useful adjunct in the treatment of patients.

Also taking place this month will be a basic course in hypnotherapy for undergraduates in the family practice course at University of Toronto Medical School. On October 17, there will be a combined meeting of the Ontario Medical Association's recently formed Section on Clinical Hypnosis and the Ontario Society of Clinical Hypnosis at the Inn on the Park, Toronto. Guest speaker will be Dr. John Hartland, President of the British Society of Medical and Dental Hypnosis.

Further information on the meetings may be obtained from Dr. W. Tytaneck, 7 Welland Avenue, St. Catharines, Ont.

Survey shows most prescription drugs cost public $5 or less

A survey of pharmacies across Canada has revealed that over 75 percent of prescription drugs dispensed in 1970 cost Canadian consumers only $5.00 or less per prescription. The Canadian Pharmaceutical Association sponsored the survey.

Of the 201,202 prescriptions dispensed last year by 485 pharmacies participating in the survey, 76.09 percent were dispensed at $5.00 or less to the consumer. Only 2.13 percent were dispensed at over $10.00.

The survey also revealed that 39,609 or 19.68 percent of the prescriptions were dispensed at a loss to the pharmacies. The loss amounted to $16,087.60. Almost all prescriptions dispensed at $2.40 or below were dispensed at a loss to the pharmacies because many of the pharmacists did not apply the Cost Plus Professional Fee method to birth control, thyroid and barbiturate prescriptions. The gross margin obtained on these prescriptions was not large enough to cover the cost of dispensing.

Two similar studies had been made in Canada in the past. The first was in 1957, covering 42,545 prescriptions dispensed by 182 participating pharmacies. The second was in 1964 with 222,956 prescriptions dispensed by 723 pharmacies. In 1957, 12,337 or 29 percent of all prescriptions were dispensed at a loss to the pharmacies in the amount of $1,992.33. In 1964, 55,390 or 25.0 percent of all prescriptions were dispensed at a loss amounting to $13,250.86.

According to the 1970 survey, the professional fee used most frequently by the pharmacists was $2.00. The cost plus 10 percent plus the fee method was most prevalent in Alberta where 44.6 percent of the reporting pharmacies use it.

The average net profit per prescription of pharmacies using the Cost Plus Professional Fee (of $2.00) method was $0.42. Actual figures varied greatly in each province. It was $0.19 in British Columbia and $0.65 in both Saskatchewan and Nova Scotia. (Other provinces: Alberta, $0.51; Manitoba, $0.53; New Brunswick, $0.37; and Ontario, $0.65).

Under all pricing methods, the average cost of ingredients in Canada during 1970 was $2.20 and the cost of dispensing was an average of $1.58, giving a break-even cost of $3.78 for the pharmacies. The average retail price was $4.20 or an average net profit of $0.42 for each prescription dispensed.

Using the Cost Plus $2.00 Professional Fee method, the retail price decreased to $4.18 or an average net profit of $0.40 for each prescription dispensed.

P.M.A.C. presents health kits to C.U.S.O. volunteers

Dr. William W. Wigle (second from left), President of the Pharmaceutical Manufacturers Association of Canada, shows Dr. E. Ragan (left), Medical Director, Canadian University Service Overseas, one of the 700 health kits presented to C.U.S.O. by P.M.A.C. in Ottawa, last month. Others on the picture are Mrs. Joanne Horan, C.U.S.O. volunteer and Mr. W.J. Barber, Officer-in-Charge of Emergency Health Services, D.N.H.W. Each health kit contains 36 items to provide early treatment and protection against many common conditions C.U.S.O. volunteers may encounter in the 40 developing nations they serve. Valued at more than $64,000, the kits were organized by P.M.A.C. from supplies donated by its member companies, other manufacturers, surgical and hospital supply firms. Packaging assistance was provided by the Emergency Health Services Division of the Department of National Health and Welfare. The presentation ceremony was included in a medical orientation course for physicians, nurses and medical technicians going overseas on two-year assignments as C.U.S.O. volunteers.

How to prepare and use medical reports within Ontario's Evidence Act

The following article, concerning suggested guidelines in the preparation of medical reports for presentation to courts in Ontario, was prepared by the Medico-Legal Society of Toronto. It deals specifically with Section 50A of the Ontario Evidence Act and is designed to acquaint doctors in the Province with the minimum legal requirements of the current legislation and to guide them in preparing the sort of physicians' reports that will be of most assistance to the Court and the parties involved in litigation.

Section 50A, in whose preparation the Society was actively involved, presently reads:

1. Any medical report obtained by or prepared for a party to an action and signed by a duly qualified medical practitioner licensed to practice in any part of Canada is, with the leave of the court and after at least seven days' notice has been given to all other parties, admissible in evidence in the action.
2. Unless otherwise ordered by the court, a party to an action is entitled to obtain the production for inspection of any report of which notice has been given under subsection 1 within five days after giving notice to produce the report.
3. Except by leave of the judge presiding at the trial, a duly qualified medical practitioner who has medically examined any party to the action shall not give evidence at the trial touching upon any such examination unless a report thereof has been given to all other parties in accordance with subsection 1.
4. Where a duly qualified medical practitioner has been required to give evidence viva voce in an action and the court is of the opinion that the evidence could have been produced as effectively by way of a medical report, the court may order the party that required the attendance of medical practitioner to pay as costs therefor such sum as it deems appropriate.

Section 50A of the Evidence Act was introduced in April 1968 for the following purposes:

- To increase the possibility of

Detailed Skeleton Outline for Long-Form Medical Reports

1. Your qualifications (if you have not already submitted them in an earlier report dealing with **this** patient).
2. The patient's name (preferably as stated in the pleadings).
3. Date, place and reason for the examination.
4. History as related by the patient:
   (a) The patient's version of what he believes caused his condition (i.e. the mechanics of the injury—how it was caused, not who was at fault).
   (b) A complete list of the injuries or conditions complained of by the patient (whether these seem significant and relevant or not and whether the patient has recovered or not). If consulted as a specialist confine yourself, if you think it appropriate, to matters relevant to the topic to be reported on.
6. Your findings which do (or do not) corroborate **each** of these items of complaint, or which indicate the results of an injury which have not been noticed.
   (a) Physical corroboration (spasm, limitation of movement, etc.) of complaint A, of complaint B, etc.
   (b) Diagnostic corroboration (x-rays, EEG, etc.) of complaint A, of complaint B, etc.
7. Diagnosis:
   (a) A description of the diagnostic procedures undertaken by you or by others with respect to each symptom or condition.
   (b) Your conclusions.
8. Causal connection with the accident—consider and give your professional opinion on the precipitating factor or "cause" of the patient's condition. The Court must know if the injury or condition for which damages are claimed was probably caused, aggravated or accelerated by the accidents or events complained of.
9. Treatment:
   (a) The treatment you recommended for symptom A, for symptom B, etc.
   (b) Whether or not your recommended treatment has been followed. If not, why not, and the probable result.
10. Degree of disability:
    (a) The extent of impairment of function at the time of your examination which (i) should be treated and (ii) can not be treated (this is most important if it exists), (iii) is unlikely to improve spontaneously, and (iv) will probably improve spontaneously.
    (b) The pain, suffering, inconvenience and discomfort which you would expect (i) the patient has suffered and (ii) will **probably** suffer (or not) in the future.
11. Prognosis:
    (a) Your opinion as to the probability of future recovery.
    (b) Your opinion as to the probable nature of permanent impairment.
    (c) The probable time within which maximum recovery can be expected.
    (d) Having regard to the individual and his personal activities, the extent to which his activities should or will be curtailed.

NOTE: Avoid throughout your report vague expressions such as "it is possible that". Express the matter in terms of percentages if you can (e.g. "there is a 10 percent chance of recurrence within five years"). Throughout, use technical medical terms for the sake of precision and then follow these by a description couched in ordinary lay language.

Signature of the reporting doctor.

settlement of damage cases before trial, by compelling an exchange of medical reports.

• To limit the necessity of a physician's attendance to give personal evidence in Court.

The subject is of great importance to physicians. There are certain conditions which must be met if doctors and their patients are to take advantage of the amendment. The following are the minimum requirements as to the form of your report:

1. It should indicate that you are a "duly qualified medical practitioner licensed to practice" within a stated part of Canada. While not legally obligatory it is most desirable for your report to contain a statement of your qualifications such as year of graduation, fellowships, specialties, etc. It might be convenient if you were doing a significant amount of medico-legal work to mimeograph a curriculum vitae which could be referred to in your report and appended to it.
2. It must be signed by you personally. You cannot rubber-stamp it or have it signed by your secretary on your behalf.
3. Never give information bearing on the question of liability. **Do not,** for example, say that the patient was stopped at a red light for ten seconds when he was suddenly hit from behind by a vehicle proceeding at a high speed. You **should** say that the patient stated that he was involved on a given day in a motor vehicle collision. You **may** say (if it is relevant) that his car was hit from behind.
4. You should touch upon **each** examination to date. In a number of unreported County Court decisions the medical reports were not accepted because they only dealt with some of the examinations.
5. Consider your words carefully. You **may** be cross-examined upon it. Therefore, avoid vagueness and uncertainty when legitimately possible.
6. Use medical terminology so that your report is precise, but then explain this in language which would be understood by the Jury. Without this, you or some other physician may be called to Court to explain it.

Send in your report as quickly as possible after receiving the request to do so. Settlement of the case is not possible unless your report can be circulated well before trial to the opposing parties. Remember that if you have not presented a report you are not, except by leave of the Court, permitted to give evidence. This could seriously affect your patient's case and subject you to the criticism of the presiding judge.

The Medico-Legal Society of Toronto suggests that the following skeleton outline be used as a check list for most reports:

1. Statement of physician's qualifications.
2. Date, place and reason for the examination(s).
3. The history, and symptoms as related by the patient. If you are consulted as a specialist you may confine yourself to matters relevant to the condition upon which you are reporting.
4. Statement of the patient's previous health, where this is known and where it is relevant.
5. Physician's findings which corroborate or do not corroborate each of the complaints, or which indicate the results of an injury which has not been noticed.
6. Physician's diagnosis of each of the symptoms complained of (and of any other symptoms).
7. The causal connection between the accident and the complaints.
8. The treatment.
9. Degree of disability at the time of the examination.
10. Your prognosis.

Accompanying this article is such a detailed skeleton of a long-form report. Many physicians will find it more detailed than their customary report. They may feel its preparation would make undue demands on their time. The Society feels that the use of such a report (at least by way of final report) will not only increase the chance of settlement but that it will also greatly reduce the number of times the doctor is called upon to give verbal evidence in Court. If a doctor can hope to avoid three hours in Court, an extra hour spent in preparation of the report is obviously well worthwhile. In any event, both lawyer and patient recognize that a superior report involves considerable time, for which they will be quite prepared to pay, particularly as a good re-

port may make a trial unnecessary or at least considerably reduce the time and expense incurred at trial.

Air-medicine Society working on membership

The year-old Canadian Society of Aviation Medicine has begun work on its first membership list. About 350 physicians and others who have expressed interest in the organization have been sent a form which they can use to apply for membership. No fee will be set until a general meeting is held, but a figure of $5 per year has been suggested.

The Society has sprung from a meeting of about 30 Canadians attending the Aerospace Medical Association Convention in May last year. A Steering Committee was elected at that time to lay the groundwork for the organization.

Good response was received from advertisements in various journals, and correspondence between interested parties led to a decision to make the Society's objectives similar to those of the Aerospace Medical Association and become affiliated with this body. A provisional National Executive was elected to draw up a constitution and by-laws which will be presented to a general meeting during the 1972 Aerospace Medical Association Convention in Miami, Florida.

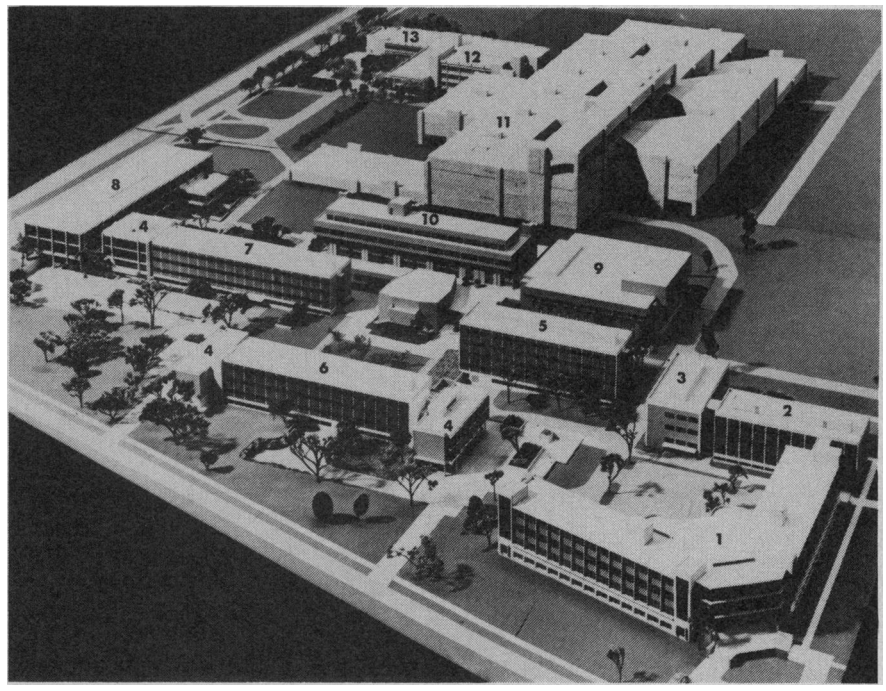
Provincial Vice-Presidents have been appointed with powers to form provincial working groups. To avoid creating a number of geographically-separated, unco-ordinated bodies, the National Executive Committee will rule on all matters of policy and remain the Society's negotiating body.

Donations already received have been placed in a trust fund and are being used to cover office expenses. General feeling of the Executive is that the first general meeting should consider an annual membership fee of $5, bearing in mind that all members will be encouraged, in addition, to join the Aerospace Medical Association. A suitable proportion of Society funds will be available for support of provincial programs.

It is expected that the Aerospace Medical Association Convention will remain for several years as the site of the Society's annual meeting.

Secretary-Treasurer of the Society is Dr. W.J.C. Stevenson, P.O. Box 6002, Toronto AMF, Toronto International Airport, Ont.

What U.B.C. Health Sciences Centre will look like



The photograph above shows a model of the projected Health Sciences Centre on the Point Grey campus of the University of British Columbia (See C.M.A. Journal, August 21 issue). Components of the Centre are: 1. The Wesbrook Building (Department of Health Care and Epidemiology, Division of Medical Microbiology, School of Nursing); 2. The George Cunningham Building (Faculty of Pharmaceutical Sciences); 3. Addition to the George Cunningham Building; 4. Addition to Medical Blocks A and B; 5. Medical Block C (Pharmacology and Pathology); 6. Medical Block A (Biochemistry and Physiology); 7. Medical Block B (Anatomy and Cancer Research); 8. The John Barfoot Macdonald Building (Dental Health Sciences); 9. The Woodward Biomedical Library and Addition; 10. The P.A. Woodward Instructional Resources Centre (under construction); 11. Stage III (350-bed teaching hospital for which grants were announced last month); 12. Stage II (Psychiatry and Neurological Research); 13. Stage I (Psychiatry).

Canadian doctors get their own golf Open

Impressed by the American Medical Open Golf Tournament in which he competed last year, Dr. Howard Cameron, of London, Ont., has inaugurated the First Canadian Medical Open Golf Tournament to be played November 17-23 at Pebble Beach and Spyglass, California.

Pebble Beach where the American Medical Open was played last year, is the site of the annual Bing Crosby Tournament and will be the location of the 1972 U.S. Open. Spyglass, with its rating of 74 from the white tees, is another famous tournament course.

Further information on the First Canadian Medical Open is contained in an advertisement on page 422 of the Journal of August 21.

$1,000 for Foundation

The Alberta Heart Foundation has been awarded an additional grant of $1,000 by the Provincial Government. Earlier this year the Foundation received $2,000 from the Department of Health and Social Development.

Pilot health and social services system underway

Alberta's first combined health and social services delivery system, with inputs from both community and Government, is underway at the town of High Level.

Plans were recently approved for a $1m, 28-bed hospital for the town which is located about 350 miles northwest of Edmonton. Included in the facility, along with normal hospital programming, will be areas for a public health inspector and nurses, a public health clinic, meeting and con-

ference areas, plus accommodations for social workers, probation officers, prevention workers and a dental clinic.

Emergency services are also included in the hospital which will service 8,000 residents of the region. Construction will start by mid-May of next year with completion due to take place in January, 1973.

U.B.C. given legal immunity for study of marijuana effects

An investigation into the effects of marijuana is being conducted by members of the Faculty of Medicine of the University of British Columbia. It is being financed by the Federal Government and has received the sanction of Federal and Provincial legal authorities.

The inter-disciplinary study is designed to answer the most pressing questions concerning the effect of marijuana and will probably constitute a major contribution to scientific knowledge of the action and effects of the drug. It will try to find out if the use of marijuana disrupts short-term memory and if it does, whether impairment is limited to verbal processes or includes non-verbal memory patterns as well. It will also study the effect of marijuana on organic brain functions.

The study is being financed through a grant from the National Health and Welfare Department and will extend over 18 months. The investigation has been approved by the U.B.C. administration and Board of Governors; the Medical Board and the Board of Trustees of the Vancouver General Hospital where some of the work will be done.

Because of the controversy surrounding the use of marijuana, U.B.C. officials have gone to great lengths to ensure that the investigation is ethically unassailable. As a first step the project was designed within the "Declaration of Helsinki" recommendations of the World Medical Association for guiding doctors in clinical research on humans. The investigation was also approved by a special U.B.C. ad hoc committee set up to examine its ethical implications.

Approval of the investigation has come from the Provincial Attorney-General's Department and Department of Health Services and Hospital Insurance as well as the Federal Department of Justice and Department of National Health and Welfare.

Volunteers are carefully screened for acceptance into the program and their identity is being kept strictly confidential. Volunteers and U.B.C. officials will be immune to prosecution from Provincial or Federal legal authorities.

Volunteers are between 18 and 30 and women are included. Investigators don't expect to find any difference between the effects on men and women but have included women to make the study more scientifically and socially relevant since both sexes use marijuana in society. Many marijuana studies in the past have used men only. Complete details of the investigation can't be given without prejudicing results. Volunteers would be given clues as to what to expect and this could alter their performance.

All volunteers must previously have used marijuana or hashish. They must not have been on medication of any kind for two months preceding the study, and they are asked to abstain from any drugs for a week before the testing begins and between sessions.

After preliminary psychiatric and psychological screening, each volunteer is tested in three experimental sessions. At each of these sessions the volunteer is given either marijuana (supplied by the Federal Food & Drug Directorate) or a placebo, a harmless substance which resembles marijuana in appearance. During the first two sessions the volunteers are given short-term memory and other batteries of neuropsychological tests. The volunteers remain in hospital until the effects of the drug have worn off. They are then sent home by taxi and are telephoned the next day to make sure they are all right.

In the third session, investigators make recordings of the volunteers' electrical brain activity before and after administration of either marijuana or the placebo.

POSTGRADUATE COURSES

Doctors who attend refresher courses for which they pay tuition fees to a university, a teaching hospital or other educational institution in Canada may claim, as an income tax deduction, fees so paid if they exceed $25.00

INTENSIVE CARE. Dr. W. W. Cross Cancer Institute and Research Area. October 6-8. Information: Dr. W. Yakimets, Director of Division of Continuing Medical Education, University of Alberta, Edmonton, Alta.

POSTGRADUATE COURSE ON SPORTS MEDICINE, organized by the Faculty of Medicine, University of Montreal; endorsed by the Canadian Academy of Sports Medicine and the American College of Sports Medicine, Montreal, Que., October 14-16. Physicians $150; allied health professionals $125; residents $25. Division of Continuing Medical Education, Faculty of Medicine, Université de Montréal, P.O. Box 6128, Montreal 101, Quebec.

TWENTY-SECOND ANNUAL REFRESHER COURSE FOR FAMILY PHYSICIANS, Royal Victoria Hospital, Montreal, October 25-29. $175. The Secretary, Post-Graduate Board, Royal Victoria Hospital, 687 Pine Ave. West, Montreal 112, Que.

ANNUAL REFRESHER COURSE IN OBSTETRICS AND GYNECOLOGY FOR GENERAL PRACTITIONERS, sponsored by the Department of Obstetrics and Gynecology, Faculty of Medicine, McMaster University, and the Department of Continuing Education, Hamilton, Ont., Wednesday, October 27. $20. Apply to: Dr. L. E. Lotimer, Department of of Obstetrics and Gynecology, Henderson General Hospital, Concession St., Hamilton 53, Ont.

COURSE IN CLINICAL DIABETES, Montreal General Hospital, October 28-30. $75. The Secretary, The Postgraduate Board, The Montreal General Hospital, Montreal 109, Que.

OBSTETRICS AND GYNAECOLOGY. Dr. W. W. Cross Cancer Institute. November 1-2. Information: Dr. W. Yakimets, Director of Division of Continuing Medical Education, University of Alberta, Edmonton, Alta.

THE EMERGENCY CARE OF THE CRITICALLY INJURED PATIENT, presented by the Department of Surgery of the Montreal General Hospital, McGill University, Montreal, Que., November 4-6. $100. Information: The Postgraduate Board, Montreal General Hospital, 1650 Cedar Ave., Montreal 109, Que.

PROBLEMS IN GENERAL SURGERY, University Hospital, Saskatoon, Sask., November 4-6. Dr. O. E. Laxdal, Director, Continuing Medical Education, Room 125, Ellis Hall, University of Saskatchewan, Saskatoon.

CHEST DISEASES—COLLEGE OF FAMILY PHYSICIANS ANNUAL CONFERENCE, Lloydminster, Sask., November 12 and 13. Dr. O. E. Laxdal, Director, Continuing Medical Education, Room 125, Ellis Hall, University of Saskatchewan, Saskatoon.

RECENT ADVANCES IN PAEDIATRICS. Dr. W. W. Cross Cancer Institute. November 17-20. Information: Dr. W. Yakimets, Director of Division of Continuing Medical Education, University of Alberta, Edmonton, Alta.

"BLACKOUT, FAINT OR SEIZURE?", Montreal Neurological Institute, November 25 and 26. $70. The Secretary, Post-Graduate Board, Royal Victoria Hospital, Montreal 112, Que.

COURSE IN CLINICAL CARDIOLOGY sponsored by the University of Ottawa, at the Ottawa Civic Hospital, November 25 and 26. $35. Information: Department of Medical Education, Ottawa Civic Hospital, Ottawa 3.

WORKSHOP ON OPHTHALMOLOGY AND EYE, NOSE AND THROAT, University Hospital, Saskatoon, Sask., December 1-3. Dr. O. E. Laxdal, Director, Continuing Medical Education, Room 408, Ellis Hall, Saskatoon, Sask.

WORKSHOP IN ANAESTHESIA. University Hospital Amphitheatre. December 8-10, 1971. Information: Dr. W. Yakimets, Director of Division of Continuing Medical Education, University of Alberta, Edmonton, Alta.

INTERMEDIATE ELECTROCARDIOGRAPHY. Clinical Sciences Building, University of Alberta. December 14-17. Information: Dr. W. Yakimets, Director of Division of Continuing Medical Education, University of Alberta, Edmonton, Alta.

PSYCHIATRIC ILLNESS OF THE MIDDLEAGED. Clinical Sciences Building, University of Alberta. February 16-18. Information: Dr. W. Yakimets, Director of Division of Continuing Medical Education, University of Alberta, Edmonton, Alta.

PEDIATRICS AND OBSTETRICS ANNUAL CONFERENCE, Regina General Hospital, Regina, Sask., February 17-18, 1972. Dr. O. E. Laxdal, Director, Continuing Medical Education, Room 125, Ellis Hall, University of Saskatchewan, Saskatoon.

ANESTHESIA FOR GENERAL PRACTITIONERS, Regina General Hospital, Regina, Sask., April 19-21, 1972. Dr. O. E. Laxdal, Director, Continuing Medical Education, Room 125, Ellis Hall, University of Saskatchewan, Saskatoon.

RECENT ADVANCES IN ENDOCRINOLOGY AND METABOLISM. Possibly Banff School of Fine Arts. April 26-28. Information: Dr. W. Yakimets, Director of Division of Continuing Medical Education, University of Alberta, Edmonton, Alta.

CARDIOLOGY. Clinical Sciences Building, University of Alberta. May 17-19. Information: Dr. W. Yakimets, Director of Division of Continuing Medical Education, University of Alberta, Edmonton, Alta.

INDIVIDUAL REFRESHER COURSE FOR GENERAL PRACTITIONERS: Montreal General Hospital, Monday-Friday, $125 a week; $200 for two weeks; $275 for three weeks. Apply to Dr. John H. Burgess, Chairman, Postgraduate Board, The Montreal General Hospital, 1650 Cedar Ave., Montreal 109, Que.

McGILL ANNUAL REFRESHER COURSE IN ANESTHESIA: It is regretfully announced that the Annual McGill Refresher Course in Anesthesia will not be presented in 1971. It is hoped that it can be resumed in 1972.